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PTO/SB/24 (06-04)

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Application Number	10/000,262
Filing Date	November 28, 2001
First Named Inventor	Bezek
Art Unit	1761
Examiner Name	Becker, Drew E.
Attorney Docket Number	CFLAY.00075

Please check only one of boxes 1 or 2 below:

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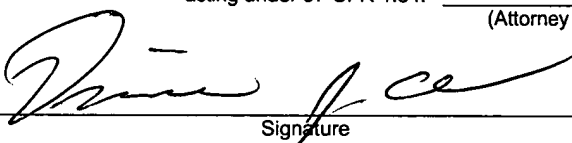
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ attorney or agent of record. Registration Number 45,514
- ☐ attorney or agent acting under 37 CFR 1.34 (may act under 37 CFR 1.34  
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(Attorney or agent registration number)

  
Signature

November 30, 2004  
Date

Vincent J. Allen  
Typed or printed name

972-367-2001  
Telephone Number

Note: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/000,262	
	Filing Date	November 28, 2001	
	First Named Inventor	Bezek	
	Art Unit	1761	
	Examiner Name	Becker, Drew E.	
Total Number of Pages in This Submission	3	Attorney Docket Number	CFLAY.00075

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Postcard Receipt.
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Vincent J. Allen
Signature	
Date	November 30, 2004

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